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1. Change of correspondence address or inc CFR 1.363). Change of correspondence address (and Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address") in the Address of the PTO/SB/47; Rev 03-02 or more recent in Number is required.	or Change of Correspondence	 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 	1

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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North Haven, Connecticut, USA Tyco Healthcare Group LP Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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